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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. **1389**

FILED MAR 31 1943
 Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4318 Sunrise Drive /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
10 months (Specify whether
 in this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Henry**
Rural
 (c) City or town.....
 (If outside city or town limits, write "RURAL")
 (d) Street No. **RFD # Windsor**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **James W. Edmondson**
 3. (b) If veteran, name war..... **no**
 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced..... **Widowed**
 6. (b) Name of husband or wife **Hannah Douglas Edmondson** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **April 2 1848**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 11 15 hr. min.

9. Birthplace **Covington Kentucky /**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farming (Retired)**

11. Industry or business

MOTHER FATHER { 12. Name **Job Edmondson**
 13. Birthplace **unknown** 9
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Mink**
 15. Birthplace **unknown Kentucky /**
 (City, town, or county) (State or foreign country)

16. (a) Informant **R. W. Edmondson**
 (b) Address **Windsor, Missouri**

17. (a) **Burial** (b) Date thereof **3-19-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calhoun, Missouri**

18. (a) Signature of funeral director **Huston Turner**
 (b) Address **Windsor, Missouri**

19. (a) **3-22-43** (b) **M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17th**
 year **1943** hour **9** minute **05 a.m.**
 21. I hereby certify that I attended the deceased from **June 1st**
 1942 to **March 17, 1943**
 that I last saw him alive on **March 16, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory failure**

Due to **uremia** 3da.

Due to **acute glomerulonephritis** 6da.

Other conditions **fracture of left femur** 7mo 17da.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **186a**
 Of autopsy..... **18**

Duration
 Physician
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **(Contributory Cause)**

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **May 30, 1942 123**

(c) Where did injury occur? **Kansas City, Jackson Mo.**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home.
 While at work? **no** (Specify type of place)
 Means of injury **fell.**

23. Signature **Dr. C. Edwards** (M.D. or other)
 Address **2603 Indep. Blvd** Date signed **3-17-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edw. M. Hunter

Licensed Embalmer No.....

3391

P. O. Address.....

Union, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.